

DRIVER/VEHICLE INSPECTION REPORT (Driver Copy)



ILLINOIS STATE POLICE
COMMERCIAL VEHICLE SECTION
801 S. SEVENTH STREET, SUITE 200-N
SPRINGFIELD IL 62703
(217)782-6267

Officer No 7486	Date 12/30/2024	Begin Time 03:41	Time Zone CENTRAL TIME	Inspection Number IL4249510113
Commerce Type 1 - INTERSTATE	Inspection Level 3 - DRIVER ONLY			Photos Taken? NO
County CHAMPAIGN	Location Number 999	Location Description I-57		
Mile Post # 242	Special Checks	GPS Latitude 40.19953981192	GPS Longitude -88.2265933199	

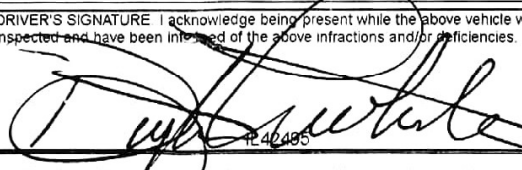
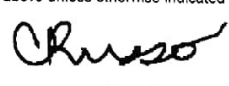
DRIVER					
DRIVER Name - Last WHITE	First DWIGHT,	Middle LASHUN	Suffix		
Address 1913 CROOKED LN		City FORT WORTH	State TX	Zip Code 76112	
Driver License Number 09737462	State of License TX	Date of Birth 07/11/1970	CDL Class A	Endorsement(s) TX	Restriction(s) P
Drug Search NO	Arrests 0	Alcohol Test Administered NO		Results	BAC

CARRIER					
MOTOR CARRIER Name RIKI TRANSPORTATION INC					
Address 8225 LECLAIRE AVE			City BURBANK	State IL	Zip Code 60459
U.S. DOT Number 3119062	ICC Number 86875	IL CC Number	Phone Number (708) 303-5150	Fax Number	

VEHICLES									
Unit 001	Company Unit# 858	Year 2023	Vehicle Make MACK	Type TT	State IL	License # P1271822	GVWR 53,200	VIN # 1M1AN4GY9PM031940	
Existing CVSA Decal Status			Existing CVSA Decal #			CVSA Decal Issued #		OOS Sticker #	
Cargo Seal Removed			Removed Time			Cargo Seal Replaced		Replaced Time	
Unit 002	Company Unit# PTL232153	Year 2023	Vehicle Make HYTR	Type ST	State TN	License # 328920T	GVWR 68,000	VIN # 3H3V532K7PS101873	
Existing CVSA Decal Status			Existing CVSA Decal #			CVSA Decal Issued #		OOS Sticker #	
Cargo Seal Removed			Removed Time			Cargo Seal Replaced		Replaced Time	

LOAD							
Origin City DENVER CITY	State TX	Destination City KALAMAZOO	State MI	Exempt #	HazMat Code	Reportable Qnty.	Haz Waste
Shipping Paper # OKA122724	Shipper Name KALSEC, INC			Placards Required	HazMat Code	Reportable Qnty.	Haz Waste
Cargo FRESH PRODUCE - 08	Cargo Breakdown	Bulk Materials?	Cargo Tank Specs	HazMat Code	Reportable Qnty.	Haz Waste	

VIOLATIONS					
Identification	Unit No	Out Of Service	Post Crash	Verification	Document Number
Description					
Additional Description					

DRIVER'S SIGNATURE: I acknowledge being present while the above vehicle was inspected and have been informed of the above infractions and/or deficiencies. 	OFFICER'S SIGNATURE: I hereby note that I certify I conducted the level of inspection noted above unless otherwise indicated in the Notes section. 	Date Completed 12/30/2024 Time Completed 04:03
DRIVER: This report must be furnished to the motor carrier whose name is listed on this report.		



IL4249510113